

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/381996	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51		1	
2	1	1				52		1	
3	2	2				53	1		
4	1	1				54	1	1	
5	1	1				55	2	2	
6	1	1				56	1	1	
7	1	1				57	1	1	
8	1	1				58	1	1	
9	1	1				59	1	1	
10	1	1				60	2	2	
11	1	1				61	2	2	
12	1	1				62	2	2	
13	1	1				63	2	2	
14	1	1				64	2	2	
15	1	1				65	1	1	
16	1	1				66			
17	1	1				67			
18	1	1				68			
19	1	1				69			
20	1	1				70			
21	1	1				71			
22	1	1				72			
23	1	1				73			
24	1	1				74			
25	1	2				75			
26	1	1				76			
27	1	1				77			
28	1	1				78			
29	1	1				79			
30	1	1				80			
31	1	1				81			
32	1	1				82			
33	1	2				83			
34	1	1				84			
35	1	1				85			
36	1	1				86			
37	1	1				87			
38	1	1				88			
39	1	1				89			
40	1	1				90			
41	2	2				91			
42	1	1				92			
43	1	1				93			
44	1	1				94			
45	1	1				95			
46	1	1				96			
47	1	1				97			
48	2	2				98			
49	2	2				99			
50	1	1				100			
TOTAL IND.	6	6				TOTAL IND.			
TOTAL DEP.	79	78				TOTAL DEP.			
TOTAL CLAIMS	85	84				TOTAL CLAIMS			